



DENTAL BOARD OF CALIFORNIA
1432 Howe Avenue, Suite 85, Sacramento CA 95825-3241
Telephone: (916) 263-2300
Fax: (916) 263-2140



SPECIAL PERMIT APPLICATION CHECKLIST

Your Special Permit Application should contain the following:

- ☐ 1. Application for Special Permit.
- ☐ 2. Application fee of \$550.00.
- ☐ 3. Two (2) classifiable sets of fingerprint cards.
- ☐ 4. Fingerprint card fee of \$56.00.
- ☐ 5. Social Security number/Federal Employer Identification number.
- ☐ 6. Applicant's Declaration Regarding Special Permit.
- ☐ 7. Declaration of Dean for Special Permit.
- ☐ 8. Evidence of having been CERTIFIED as a diplomate of a specialty board or in lieu thereof, establishing his/her qualifications to take a specialty board examination.
- ☐ 9. Out-of-State/Country Licensure Certification.
- ☐ 10. Furnish a current contract of employment with a California dental college approved by the Board as a full-time professor, associate professor or assistant professor.
- ☐ 11. Academic and private practice schedule (days/hours).
- ☐ 12. Copies of recommendations by at least three (3) California licensed dentists who are diplomates in the applicant's specialty.